

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009190
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 78

300
-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside separate limits, give TOWNSHIP only) OR TOWN Henry Creek Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hickman Mills 10000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-way 35 W. of Clinton DOA.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6613 E 103rd St.

3. NAME OF DECEASED (Type or print) First Robert Middle Clements Last Pruitt			4. DATE OF DEATH Month April Day 1 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27, 1916	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer		10b. KIND OF BUSINESS OR INDUSTRY Excavating	11. BIRTHPLACE (City and state or country) Osceola, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Pete Pruitt		13b. MOTHER'S MAIDEN NAME Elba Romine		14. NAME OF HUSBAND OR WIFE Helen Pruitt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #2		16. SOCIAL SECURITY NO. 496-07-4604	17. INFORMANT Helen Pruitt Address Hickman Mills, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures - flail neck		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Automobile accident	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fracture mandible; fracture neck; fracture both bones of rt and left lower leg; fracture rt + left forearm; fracture rt clavicle.	
20c. TIME OF INJURY Hour 7:30 p.m. Month, Day, Year 4 / 1 / 59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7 1/2 mi West of Clinton on U.S. 35	20f. CITY, TOWN, OR LOCATION Creek Township	COUNTY Henry STATE Mo.
21. I attended the deceased from No medical attention and last saw her alive on April 7th 7:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE W. Bradshaw, M.D. (Henry Co. Coroner)	22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 4-2-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 2, 59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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24. FUNERAL DIRECTOR D. W. Newcomer	ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 4-2-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 9 1958

VS MAR 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Eugene R. Consalus*

Licensed Embalmer No. *4680*
P. O. Address *Clinton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
.If this body is not embalmed, fact should be so stated above.